

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A METHOD FOR SUPPORTING DOCUMENT CENTERED DISCUSSION ACROSS HETEROGENEOUS DEVICES AND DISPLAYS

described and claimed in the specification:

Check one

- \*a. ☒ attached hereto.  
b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

None

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Registration No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name  
of First or Sole Inventor**

Elizabeth	F.	CHURCHILL
Given Name	Middle Initial	Family Name

2 **\*\*Inventor's Signature:**

<i>Elizabeth Churchill</i>
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3 **\*\*Date of Signature:**

DECEMBER	7th	2000
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Month	Day	Year
SAN FRANCISCO	CA	USA

City	State or Province	Country
BRITISH		

Residence: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_  
(Insert complete mailing address, including country) 3740 25th STREET, #206, SAN FRANCISCO CA 94110 USA

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

**PAGE 2 OF U.S.A. DECLARATION FORM**  
(Do not fill in this page in a sole inventor application)

1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)**

	Jonathan	TREVOR
	Given Name	Family Name

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

	December	8	2000
	Month	Day	Year

Residence:

	SANTA CLARA	CA	USA
	City	State or Province	Country

Citizenship: BRITISH

Post Office Address:  
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2465 MICHELE JEAN WAY  
SANTA CLARA CA 95050 USA

1 **Typewritten Full Name**  
**of Third Joint Inventor (if any)**

	Catherine	C.	MARSHALL
	Given Name	Middle Initial	Family Name

2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

	December	8	2000
	Month	Day	Year

Residence:

	San Francisco	CA	USA
	City	State or Province	Country

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(Insert complete mailing address, including country)

856 Castro Street  
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1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

	Month	Day	Year
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Residence:

	City	State or Province	Country
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Citizenship:

Post Office Address:  
(Insert complete mailing address, including country)

1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
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2 **\*\*Inventor's Signature:**

3 **\*\*Date of Signature:**

	Month	Day	Year
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Residence:


	City	State or Province	Country
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Citizenship:

Post Office Address:  
(Insert complete mailing address, including country)

**\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**  
**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.**

**PAGE 2 OF U.S. DECLARATION FORM**  
(Discard this page in a sole inventor application)

Type in Full Names of Second Jobs Inventor (S' name)		Invention Given Name	Middle Initial	TRIVOR Family Name
1		December	12	2550
2	**Inventor's Signature	Month	Day	Year
3	**Date of Signature	City	State or Province	Country
	Residence:	2465 MICKLETON WAY	SANTA CLARA	CA 95050
	Citizenship:	BRITISH		
	Post Office Address:	2465 MICKLETON WAY, SANTA CLARA		
	(Insert complete mailing address, including country)	CA 95050	USA	

including country)

1 **Typewritten Full Name**  
**of Third Joint Inventor (If any)**

2 -- Inventor's Signature:

3 -- Date of Signature:

Residence:

Citizenship:

Post Office Address:  
(Insert complete  
mailing address,  
including country)

including country)

Catherine  
(Given Name)

C  
Middle Initial

MARSHALL  
Family Name

Month

Day

Year

State or Province

County

City

1 **Typewritten Full Names of Fourth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
2 <b>← Inventor's Signature:</b>			
3 <b>← Date of Signature:</b>	Month	Day	Year

**Residence:**

	City	State or Province	Country
<b>Citizenship:</b>			

**Post Office Address:**  
(Insert complete mailing address, including country)


**1**      **Type/print Full Name  
of Fifth Joint Inventor (if any)**

**2**      **--Inventor's Signature--**

**3**      **--Date of Signature--**

**Residence:**

**Citizenship:**

**Post Office Address:**  
(Insert complete mailing address,  
including country)

**Given Name**      **Middle Initial**      **Family Name**

**Month**      **Day**      **Year**

**State or Province**      **Country**

**Signature and insert the actual date of signing.**

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.